

Case Number:	CM15-0123375		
Date Assigned:	07/07/2015	Date of Injury:	04/01/2013
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 62 year old male who sustained an industrial injury on 04/01/2013. He reported climbing up and then down a loader to load building materials and experiencing a sharp pain in the lower back radiating to the right leg including the right hip.. The injured worker was diagnosed as having acquired spondylolisthesis; spinal stenosis, lumbar region; lumbosacral spondylosis without myelopathy; and lumbago. Treatment to date has included physical therapy which did not help, A MRI scan was done 05/09/2013, and on 09/18/2013, he underwent a L4-5 bilateral decompressive laminectomy with medial facetectomy and bilateral foraminotomies. The surgery decreased his pain and increased his range of motion. The surgery was followed by physical therapy and medications. He was made permanent and stationary on 01/24/2014. Currently, the injured worker has no new complaints since his last office visit. His medications are working well. The worker is tolerating his lumbosacral corset brace well. On examination, there is a well healed lumbar midline incision, and x-rays and MRI of the lumbar spine reveal postsurgical changes in the form of decompression laminectomy on the right side from L4-S1 and multilevel degenerative disc disease worse at L4-5 with a degenerative spondylolisthesis and diffuse lumbosacral spondylosis. Medications include Norco, Soma, and Motrin. The treatment care plan includes a lumbar epidural steroid injection, Norco, Soma, Motrin, and education on activity modification. A request for authorization is made for the following: 1. Outpatient consultation for transforaminal epidural steroid injection and follow-up, and 2. Transforaminal Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient consultation for transforaminal epidural steroid injection and follow-up:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI; Criteria for use of Epidural Steroid injections Page(s): 80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, outpatient consultation for transforaminal epidural steroid injection and follow-up is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are spinal stenosis; degenerative spondylolisthesis L4-L5; lumbosacral spondylosis and degenerative disc disease; and low back pain and lumbar radiculopathy. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The date of injury is April 11, 2013. Request for authorization is dated June 12th 2015. The progress note dated May 5, 2015 states there are no new complaints. The injured worker feels about the same and medications are working well. There are no specific subjective complaints to regional body areas documented. Objectively, there is tenderness over the SI joint. Straight leg raising was negative. There is as him over the paravertebral muscle groups. Motor examination is 5/5 and sensory examination is intact. There are no additional objective neurologic findings suggestive of radiculopathy. MRI of the lumbar spine showed postsurgical changes of decompression laminectomy on the right from L4-S1 with multilevel degenerative disc disease worse at L4-L5 with degenerative spondylolisthesis and diffuse lumbosacral spondylosis. There are no subjective symptoms or objective clinical findings indicative of radiculopathy. There is no clinical indication for a consultation for transforaminal epidural steroid injection and follow-up in the absence of clinical symptoms and signs suggestive of radiculopathy. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, outpatient consultation for transforaminal epidural steroid injection and follow-up is not medically necessary.

Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transforaminal epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. See the guidelines for details. In this case, the injured worker's working diagnoses are spinal stenosis; degenerative spondylolisthesis L4-L5; lumbosacral spondylosis and degenerative disc disease; and low back pain and lumbar radiculopathy. The date of injury is April 11, 2013. Request for authorization is dated June 12th 2015. The progress note dated May 5, 2015 states there are no new complaints. The injured worker feels about the same and medications are working well. There are no specific subjective complaints to regional body areas documented. Objectively, there is tenderness over the SI joint. Straight leg raising was negative. There is as him over the paravertebral muscle groups. Motor examination is 5/5 and sensory examination is intact. There are no additional objective neurologic findings suggestive of radiculopathy. MRI of the lumbar spine showed postsurgical changes of decompression laminectomy on the right from L4-S1 with multilevel degenerative disc disease worse at L4- L5 with degenerative spondylolisthesis and diffuse lumbosacral spondylosis. There are no subjective symptoms or objective clinical findings indicative of radiculopathy. The request does not state the specific level for the epidural steroid injection. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and absent subjective symptoms and objective clinical findings of radiculopathy, transforaminal epidural steroid injection is not medically necessary.